Joint Meeting of the
IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
and the
IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
May 20, 2015, 1:00 pm to 5:00 pm
United Way Conference Center, Conference Room F
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Richard Crouch
Jody Eaton
Marsha Edgington
Kathryn Johnson
Betty King
Geoffrey Lauer
John Parmeter
Patrick Schmitz
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Lynn Grobe
Representative David Heaton
Representative Lisa Heddens
Sharon Lambert
Senator Liz Mathis
Brett McLain
Rebecca Peterson
Michael Polich
Rebecca Schmitz
Marilyn Seemann

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff
Kenneth Briggs Jr.
Jackie Dieckmann
Jim Donoghue
Kathleen Goines
Kris Graves
Julie Hartman
Julie Kalambokidis
Anna Killpack
Tammy Nyden
Jim Rixner
Christina Schark
Dennis Sharp
Rhonda Shouse
DJ Swope (phone)
Jennifer Vitko
Kimberly Wilson

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Trish Barto
Marlene Jessop
Gary Keller
Sharon Lambert
Todd Lange
Amber Lewis
Craig Matzke
Sally Nadolsky
Lori Reynolds
Donna Richards-Langer
Brad Richardson
Lee Ann Russo
Kathy Stone
Ann Wood
Lisa Wunn

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Bob Bacon	U of I, Center for Disabilities and Development
Kyle Carlson	Magellan Health Services
Marissa Eyanson	Easter Seals Iowa
Jim Friberg	Iowa Department of Inspections and Appeals
Gayla Harken	Iowa Association of Community Providers (IACP)
Becky Harker	Iowa Developmental Disabilities (DD) Council
Karen Hyatt	MHDS, Community Services & Planning
Rose Kim	MHDS, Community Services & Planning/CDD
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shults	MHDS Division Administrator

WELCOME AND CALL TO ORDER
MHDS Commission Chair Patrick Schmitz and Mental Health Planning Council Chair Teresa Bomhoff called the meeting to order at 1:00 p.m.

Welcome – by Rick Shults, Mental Health and Disability Services Administrator Rick welcomed everyone to the meeting, noted the diversity of both groups' membership and thanked the groups for their hard work over the past year. Rick said that for these groups to come together and share their unique perspectives is an incredibly positive influence on Mental Health and Disability Services (MHDS) in Iowa. This is an outstanding example of a process that both groups keep going throughout the year. Rick thanked the Commission and the Planning Council for their advocacy, for working together, and for all the members do outside of these meetings.

Patrick Schmitz and Teresa Bomhoff led introductions.

MHDS Commission Overview – by Patrick Schmitz
Patrick said that the MHDS Commission is a Governor-appointed body with diverse membership. The members represent different geographical areas, political affiliations, genders, and membership affiliations. Commission members are appointed by the Governor and approved by the Senate. Commission members are appointed for a three year term, and may serve two terms.

The Commission has a number of duties ranging from reporting and gathering information to developing administrative rules for Mental Health and Disability Services in Iowa. Last year, the Commission developed rules regarding crisis stabilization services. At times the rules are very prescriptive from legislation, but sometimes rules can be very broad and allow for more interpretation. The Commission submits a report every year. Last year was a report-heavy year as the Commission released its combined annual and biennial report available at https://dhs.iowa.gov/sites/default/files/MHDS_2014_MHDS_Commission_Combined_Annual_and_Biennial_Report.pdf. The Commission also makes a recommendation to DHS on the budget.

As an appointed Commission, they have to be careful about the activities in which they engage. The Commission does not lobby for any legislation or position. The Commission can make recommendations, but must be careful that recommendations fall within their duties. Patrick said that just because the MHDS Commission is Governor-appointed, that doesn't mean it has any

more influence over policy-making than other groups. The Governor, DHS, and the General Assembly are all free to take or ignore the advice of the Commission as they see fit.

Discussion:
Jackie Dieckmann asked what the Commission has been working on this year. Patrick answered that the Commission spent a lot of time on the crisis stabilization rules, and research to prepare for their reporting responsibilities. Last year the Commission was much more mindful and did far more research for the cost increase recommendation than they had in past years.

Julie Hartman asked for clarification on crisis services. Patrick answered that some of the core and enhanced core services for MHDS regions are centered on crisis stabilization. The Commission had to develop rules regarding walk-in services for individuals in crisis, crisis hotlines and warm-lines, mobile crisis response, community-based crisis stabilization, acute care, etc. These rules are focused on services for individuals experiencing mental health crises. Currently the rules are focused on the adult system, but there is a piece that will accommodate children once that system is operational. The rules have been implemented.

Tammy Nyden asked if the Commission has plans for writing rules on the Children's Mental Health system. Patrick answered that the Commission is limited by legislation. The Commission is interested in developing rules, but does not have independent rule-making authority. Geoff Lauer mentioned that in last year's report, there was a section for the Commission to provide suggestions or recommendations, and that last year the Commission included brain injury services in that section. Geoff suggested that this year, the Commission might use that opportunity to recommend the development of children's services.

Jim Rixner asked if the Commission oversees the children's mental health system or if their charge only covers the adult system. Patrick said that the Commission often discusses children's mental health issues. The Commissions activities have been focused on adults primarily because the legislation over the past few years has been focused on adults. Theresa Armstrong said that the Commission is not limited to adult services. MHDS is required to present a children's mental health report to the Commission every year. Teresa Bomhoff said that the Commission is involved with disabilities of all kinds. John Parmeter said that his role on the Commission is to represent providers of children's mental health services.

Anna Killpack asked about the membership composition of the MHDS Commission. Patrick answered that the Commission has very prescriptive membership. The Commission must be balanced by political affiliation and gender, and is composed of officials from counties, MHDS regions, consumers, advocates, providers, a representative from the American Federation of State, County, and Municipal Employees (AFSCME), and four non-voting legislative members.

MHPC Overview – by Teresa Bomhoff
Teresa Bomhoff shared an overview of the Mental Health Planning Council and its activities. She noted several differences between the MHDS Commission and the Council:

- The Council is authorized by federal law and required as a condition of Iowa receiving federal Community Mental Health Block Grant funds. Members are elected according to Council bylaws. The Commission is authorized by Iowa Code and members are appointed by the Governor.
- The Council has 33 members; the Commission has 18 voting members and 4 legislative members.
- The Council meets bi-monthly (six times a year); the Commission meets monthly.

The Council has three purposes:

1. To review Iowa's Mental Health Block Grant Plan and make recommendations to DHS.
2. To serve as an advocate for adults with serious mental illness, children with serious emotional disturbance and their families, and other individuals with mental illness.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health service within the state.

Planning Council Membership:

- Not less than fifty percent of the members of the Council are individuals who are not State employees or providers of mental health services.
- Seven members represent the principal State agencies responsible for mental health, education, vocational rehabilitation, criminal justice, housing, social services, and the State Medicaid Agency
- Six members represent public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services
- Six members represent adults in recovery who have lived experience with serious mental illness (who are receiving or have received mental health services)
- Four members represent family members of adults with serious mental illness
- Six members represent parents, guardians, or primary caretakers of children and adolescents with serious emotional disturbance
- Four members represent other individuals with an interest in mental health issues
    - In 2010 the Iowa Legislature acted to require that the membership include a military veteran who is knowledgeable concerning the behavioral and mental health issues of veterans
    - To improve coordination between mental health service and substance abuse services, the Council now includes a representative from the Iowa Department of Public Health (IDPH)

Teresa noted that the Planning Council's bylaws require at least three standing committees. The Executive Committee composed of the Planning Council's officers, the Nominations Committee which recommends applicants for membership to the Planning Council, and the Monitoring and Oversight Committee, which has developed a list of priorities for MHDS.

Teresa said the first priority from this committee is to increase formal mental health training of law enforcement officers and first responders so they are better prepared for working with individuals with mental illness and individuals in crisis. The second priority is to develop therapeutic schools for youth with mental illness. The third priority is to develop Iowa's mental health workforce, specifically developing more peer support specialists (PSS) and family peer support specialists (FPSS). A contract awarded to the University of Iowa for a project to train PSS and FPSS; it is a $3 million contract over six years.

Iowa's Community Mental Health Block Grant will be about $3.5 million. Under State law, 70% of the block grant funds go to Iowa's community mental health centers (CMHCs), 25% is used to fund projects of statewide significance, and 5% is allocated for administrative costs. Projects funded by the 25% include consultation and training on multi-occurring capability for providers, and support for the Commission, the Planning Council, and the Olmstead Consumer Task Force.

Meetings: Meetings include reports from committees and workgroups, updates from MHDS, and presentations on topics of interest. The Planning Council also has a children's workgroup which is focused on the design for a children's mental health system. The newest workgroup is the media workgroup which will be seeking out families and individuals with mental illness who want to share their stories and experiences.

Jackie Dieckmann asked why the Planning Council meets six times a year and the Commission meets monthly. Patrick Schmitz mentioned that the Commission is required to meet at least four times per year. Theresa Armstrong said that the Commission has chosen to meet more often.

Iowa Developmental Disabilities (DD) Council Overview – by Becky Harker
The DD Council is a federally funded quasi-state agency. Funding for the DD Council passes through DHS, but it functions independently. The DD Council has a federal mandate to engage in advocacy for systems change, to ensure that individuals with developmental disabilities have services in the community, culturally competent resources, and that they can live independently in communities they choose. The DD Council has a prescriptive membership, much like the Planning Council and the Commission. 60% of the members must be people with disabilities and their family members, and within that 60%, one third must be individuals with lived experience, one third must be family members, and one third can be either. In addition to that there are mandated agencies that must be represented, including Iowa Vocational Rehabilitation Services (IVRS), Iowa Medicaid Enterprise (IME), the Iowa Department on Aging (IDA), Iowa Department of Public Health (IDPH), The Department of Education (DE), Disability Rights Iowa (DRI), and The University of Iowa Center for Disabilities and Development (CDD). All of these members are appointed by the Governor.

The DD Council receives a federal appropriation on an annual basis. They have three years' worth of appropriations available at any given time, so they have two years to decide how to allocate funding, and one year to spend it. The spending of the money is dictated by the Council's five year goals. The goals are kept broad so that the Council can respond to changes that they did not foresee.

The DD Council has an advocacy project called ID Action, which is focused on informing and mobilizing people with disabilities. InfoNET is one of the Council's publications. InfoNET informs people on issues that affect people with disabilities, but does not take a stance on them. They held an Advocating for Change day at the Capitol this year, and invited people with disabilities to come to the Capitol and advocate for things important to them. There are 9,000 registrants for ID Action, two thirds of those identify as people with disabilities. Becky said they have trained 2400 people in systems advocacy, and 800 report that they are active in systems advocacy.

The DD Council is a fiscal agent for the Iowa Coalition for Integrated Employment (ICIE). They are constructing a public policy agenda to make employment in the general workforce the first priority and the expected and preferred outcome for working-age Iowans with disabilities. Schools have been collaborating with this project.

The DD Council is currently working on its five year plan, and soliciting input. Becky said that they are doing a comprehensive review and analysis of things that affect Iowans with disabilities. These things range from transportation to employment, physical health, and others. Becky said she believes the goals will be focused around advocacy and systems change. Becky encouraged everyone to contact the DD Council and tell them what is important to them.

Five Star Quality Outcomes – by Gayla Harken
Gayla is the Outreach Director for the Iowa Association of Community Providers (IACP). She said that the IACP is embracing the coming changes to services in Iowa. and knows that outcomes are part of the future of health care, and are coming together voluntarily to meet policymakers before outcomes are mandated and work with them. Gayla said her role is to provide technical assistance to providers on best practices. Currently, providers are spending a lot of time measuring compliance and not necessarily measuring quality. Gayla said this misses the point. Measuring compliance is important, but the outcome is really what providers want to be measured by. IACP has been collaborating with MHDS regions, DHS, Iowa Medicaid Enterprise (IME), and the Iowa State Association of Counties (ISAC) in the hopes of finding one common way to collect information, and to get on the same page about collecting outcomes data. Gayla said she knows that things will be changing, but part of this is to prepare providers who have never had to collect information like this before, and get them used to it. IACP considered several systems of quality outcomes measurement for several different organizations and decided that they should measure quality of life indicators that actually mattered to people. There is support from regions and providers for collecting these outcomes data and eventually tying payment to performance. They also met with several managed care organizations and asked them to use a common core of measurements to ease the burden on providers.

Gayla said that IACP decided to focus on four basic areas, which are community housing, community employment, somatic care, and community integration. The ability to collect and process that data is coming through ISAC. Gayla said that IACP will be doing trainings with providers and meeting with other stakeholders to make sure the data they are collecting does not conflict and is not duplicative.

Kathryn Johnson asked how the Fiver Star Quality Outcomes are scored. Do providers earn stars? Gayla answered that fives star does not refer to a grading system, but that it is the standard of excellence. The ultimate goal is the least amount of professional intervention as possible and allowing individuals to live in the community and to be as integrated into the community as much as possible.

Tammy Nyden asked if this will include children. Gayla answered that currently they are planning for an adult system and once that is established, the next phase will be more inclusive and comprehensive.

Geoff Lauer asked who collects and analyzes data. Gayla answered that IACP would have access, regions would be able to look at their providers, and providers would be able to compare themselves to other providers and to their past performance.

John Parmeter asked how information would be verified if the data is going to be entered by providers. Gayla answered that there would be quality checks on a certain percentage of records. Rose Kim acknowledged that there are concerns about verifying data collected from providers. DHS plans to collect data from consumers as well to act as a check on provider level data. DHS is also looking to minimize the burden of data collection.

Marsha Edgington asked who is responsible for making sure all providers are submitting data. Gayla answered that right now, reporting is voluntary, but in the future it will be tied to incentives.

John Parmeter asked if providers will be able to compare their outcomes with those of other providers. Rose answered that they will be developing a dashboard, and providers will be able to compare themselves against other providers in their region and across the state, but it is not known whether providers will be able to compare themselves against other specific providers one-on-one.

Avian Flu Response – by Karen Hyatt
Karen Hyatt explained that every state mental health authority in the United States appoints a person who serves as a designated Disaster Behavioral Health Coordinator, and currently she holds this position for Iowa. In this role, she sits at the table at the State Emergency Operations Center (SEOC) that was opened recently to respond to avian flu in water fowl. As of May 20th, Iowa has had approximately 26 million poultry affected by avian flu, and exterminated as a result. Sixteen counties and sixty sites have been impacted. The reason MHDS is involved is because hundreds of people are being laid off due to the loss of inventory. Karen said she has been collaborating with county public health departments, emergency management, and workforce development to try and keep the families in the area stable and put them in touch with resources to help them cope with depression such as concern hotlines and substance use hotlines.

Richard Crouch said Mills County will be receiving forty truckloads of chickens to be buried in their landfill. Richard expressed concern about the level of education of the public and the belief that the disease will be coming in with the trucks. Karen answers that she will take that feedback back to the SEOC. There have been other states that have done this, and nothing is being taken to landfills until it has been decontaminated.

Jennifer Sheehan asked why Mills County was selected as a disposal site. Karen answered that it is likely that the landfill in Mills County offered to receive the birds. Much of the planning has changed along the way. Richard said that Mills County has a unique landfill that is suited to this kind of waste.

Mental Health and Disability Services Update – by Rick Shults and Theresa Armstrong
Theresa and Rick updated the Commission and the Planning Council on the Division's current projects and on legislation pertaining to MHDS in Iowa.

MHDS has two Requests for Proposals (RFPs) that are pending. The first is the Projects for Assistance in Transition from Homelessness (PATH) program, which is a program to assist people with mental illness who are also experiencing homelessness or near homelessness. All proposals have been received, and Theresa said awards should be decided by June 2. The other RFP is the Inpatient Bed Tracking Program. There will be a decision made by the end of May, and the system should be implemented by June 15. This will be a web-based system for hospitals to update the status of their inpatient psychiatric beds and their availability. This system will also allow for Community Mental Health Centers (CMHCs), Emergency Rooms (ERs), MHDS regions, and Court personnel will be able to view this information and search for nearby available beds for patients who need them. The system will be updated by hospital personnel on a voluntary basis. Theresa said it is in their best interest to keep the system up to date to cut down on phone traffic.

The Department of Corrections has a reentry grant through the Department of Justice and the Second Chance Act. Theresa said the grant is focused on providing training for communities and assuring that people who are being released from prison get the services and resources

they need quickly. The grant program is for three years and will consist of three trainings per year; one in each of Iowa's eight judicial districts.

IME is seeking feedback on the best way to communicate with stakeholders regarding Medicaid Modernization. They are forming advisory groups and Theresa said she expects that some people in the room may be asked for feedback. IME is working on that now, and will be providing reports to the Planning Council and the Commission in the next few months.

Rick reported that Iowa's Olmstead Plan runs through the end of 2015, and MHDS is currently working on the development of a plan for a new Olmstead Plan with stakeholder groups such as the Olmstead Consumer Taskforce as well as the Commission and the Planning Council. Rick said he hopes to have a new Olmstead Plan in place by calendar year 2016, when the current plan expires.

Rick provided an update on the Mental Health Institution realignment process. The Governor made a recommendation to not provide funding for the facilities at Clarinda and Mt. Pleasant starting on July 1, 2015. The Department has been moving forward with that plan. Each chamber of the legislature has made a proposal to address that recommendation in a different way. The Senate's budget included funding for all programs at Mt. Pleasant and Clarinda programs through 2016, although Rick said there are some challenges with how they provided funding for the facilities. The House's budget included funding to continue selected programs at each facility until December 15. There are funding challenges to the House proposal as well. The bills are preparing to go to a conference committee to reconcile those differences. Neither chamber included funding for the expansion of adult psychiatric beds at the Independence facility.

The House and the Senate have significantly different budget plans in general. Rick said the education budgets proposed by each chamber have wide differences, and that many think these disagreements need to be reconciled first due to their magnitude. The leadership in both houses are meeting to address the Medicaid budget, both for this fiscal year and next fiscal year.

Rick mentioned two Intermediate Care Facilities for people with intellectual disabilities (ICF/ID) closed at the end of April. Pacific Place and Park Place served a total of ninety individuals. DHS Targeted Case Management developed a team to assist in finding new placements for all the individuals served. The company that owned the facilities mostly owns nursing homes, and decided to focus on skilled nursing instead of group homes.

Rhonda Shouse asked if Rick had any information on non-emergency transportation. Rick said that he is not familiar with specific Medicaid transportation requirements. Transit companies have been approached by potential bidders for the managed care RFP about providing transportation for Medicaid patients.

Tammy Nyden asked about the Home and Community Based Services (HCBS) waiver waiting list, and if it was making progress. Theresa answered that she did not have any precise numbers, but that IME is on target for where they thought they would be.

Legislation Update
SF 440: Allows MHDS regions to contract with inpatient psychiatric facilities in neighboring states for accepting mental health commitments. Neighboring states must have reciprocating legislation that allows this to happen. The issue is not funding, but the enforceability of commitment orders outside Iowa.

SF463: Is the MHDS redesign clean-up bill. This bill updates language in Code so that it refers to MHDS regions and counties appropriately.

HF 449: Gives authority to DHS to implement an inpatient bed tracking system. DHS has already moved forward, and will continue with the implementation process. This bill added a provision that requires Psychiatric Medical Institutes for Children (PMICs) that provide crisis stabilization services to be accredited for that service under Iowa Administrative Code Chapter 24.

HF468: Concerns Mental Health Advocates and makes them county employees. They will now be appointed by counties and not the courts. DHS will be working with stakeholders and the MHDS Commission in the development of rules regarding data collection and reporting, qualifications, and job duties. There will still be differences between counties, but there will be guidelines for their job descriptions.

SF 401: Refers to subacute facilities. Code currently establishes fifty subacute beds distributed throughout the state, this bill increases that number to seventy-five beds. The bill now gives DHS the authority to determine the geographic distribution of those beds instead using of an RFP process. Subacute beds do not need to be Certificate of Need (CON) beds, nor are they required to be located in CON facilities. Facilities with subacute beds will be required to be licensed by the Department of Inspections and Appeals (DIA).

Anna Killpack asked when subacute beds might be available. Theresa answered that the rule-making process will probably be at least six months long. After the MHDS Commission notices the rules, there are still several months before they are implemented, but providers will know what they have to do in order to meet licensing and accreditation requirements before they are implemented. Theresa said she did not want to speculate on a timeframe.

SF 306: Makes it illegal for guardians to prevent communication or visitors. Guardians are allowed to set certain restrictions with good cause through a process with the courts.

HF 630: Is a bill on federal block grant funding allocation. This bill dictates how funding is distributed for the Community Mental Health Block Grant (MHBG), the Social Services Block Grant (SSBG), and Projects for Assistance in Transition from Homelessness (PATH). The MHBG funding will be distributed as it has been in the past with 70% going to CMHCs, 25% going to other projects of statewide significance, and 5% for administration.

Teresa Bomhoff spoke about a few other bills.

SF 201: Allows a Physician's Assistant to contact a magistrate if s/he believes a patient has a mental illness and may hurt him/herself without approval from a supervising physician.

SF 223: Eliminates the requirement for a relative of an impoverished person to pay back a county for money spent supporting the person. With this bill, only the individual in question is responsible for repayment.

HF 579: Allows an application for a new or newly acquired facility to be denied if the applicant has repeatedly failed to operate other facilities in compliance with the law. Information about such facilities that was not obtained during an inspection will not be made available to the facility unless there is a formal administrative hearing.

HF 257: Allows a tax deduction for businesses that employ people with disabilities.

HF 534: Allows for stipends for psychiatrists working in mental health professional shortage areas. There was an amendment to also include psychiatrists who work with over 50% Medicaid populations.
HF648: Medicaid Special Needs Trusts are to be used in a way that is no more restrictive than federal law. This bill is distinct from the ABLE Act legislation.

SF 396: Requires that gas stations provide fueling assistance to people with disabilities. Stations must have a button available at the pump that can be pushed with a closed fist from the driver's door.

SF 430: Is a bill relating to school-based mental health pilots. The bill provides $2.5 million to the Department of Education for grants to Area Education Agencies (AEAs).

SF 439: Is the Iowa ABLE Savings Plan, which allows individuals with disabilities to save up to $100,000 in an account to be used for activities related to their disabilities. These accounts do not count against Medicaid or Social Security eligibility.

HF 632: is the Insurance Commission Omnibus Budget. Teresa said that one factor that has been getting attention is the emergency pre-authorization medication decision timeframe. Under the bill, the emergency pre-authorization timeframe would be twenty-four hours, and non-emergencies would be seventy-two hours. The decision will be made by the prescriber.

Teresa noted that nothing new is being done to address mental health workforce. She said she felt as though this was because the legislature had their hands full with the education budget and the health and human services budget.

Public Comment
Jim Donoghue thanked the MHDS Commission and the Mental Health Planning Council for inviting Karen Hyatt to speak about MHDS's role in the avian flu response.

The meeting was adjourned at 4:35 p.m.

Minutes respectfully submitted by Peter Schumacher.